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7590 01/14/2004

**SOL SHEINBEIN**  
 G.E. Ehrlich c/o Anthony Castorina  
 2001 Jefferson Davis Highway  
 Suite 207  
 Arlington, VA 22202

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/710,262	11/10/2000	Eugene Rosenberg	2300000101	6244

TITLE OF INVENTION: DNA ENCODING A POLYPEPTIDE REQUIRED FOR BIOSYNTHESIS OF TA ANTIBIOTIC

25942

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	04/14/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
KERR, KATHLEEN M		1652	435-069100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. G.E. Ehrlich (1995) Ltd.

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ramot At Tel Aviv University Ltd.

Tel Aviv, Israel

Please check the appropriate assignee category or categories (will not be printed on the patent);

 individual  corporation or other private group entity  government

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4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2638 is attached. Advance Order - # of Copies \_\_\_\_\_ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

April 13, 2004

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

04/14/2004 YPOLITE2 00000061 501407 09710262

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**TRANSMITTAL OF ISSUE FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance dated 14 January 2004 we enclose the following:

Issue fee transmittal form requesting that the issue fee (\$ 665) be charged to our deposit account 50-1407.

Any additional charge or credit may be made to our deposit account **50-1407**. A duplicate copy of this letter is enclosed for this purpose.

Respectfully submitted,

*Sol Sheinbein*  
Sol Sheinbein  
Reg. No. 25,457

Ramat Gan, Israel  
Date: April 13, 2004